IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of

Foo Yew Liew, et al.

Serial No.

10/593,247

Filing Date

September 18, 2006

For:

IMMUNOSUPPRESSIVE

CYTOKINE

Attorney Docket No. 0380-P04195US00

RESPONSE TO NOTIFICATION OF MISSING REQUIREMENTS UNDER 35 U.S.C.371

In response to the Notification of Missing Requirements under 35 U.S.C. 371 dated June 27, 2007, enclosed are the following:

1. Declaration and power of attorney

2. Fee as set forth in the accompanying Fee Calculation Sheet.

Respectfully submitted,

DANN, DORFMAN, HERRELL & SKILLMAN

A Professional Corporation

A Professional Corporation Attorneys for Applicant(s)

Kathleen D. Rigaut, Ph.D. J.D.

PTO Registration No. 43,047

Telephone: (215) 563-4100 Facsimile: (215) 563-4044

	Application Number: 10/593,247	
	Filing Date: September 18, 2006	
FEE TRANSMITTAL	First Named Inventor: Liew	
	Group Art Unit: Not yet assigned	
	Examiner Name: Not yet assigned	
Total Amt of Payment (1) + (2) + (3) = 130	Attorney Docket Number: 0380-P04195US00	
METHOD OF PAYMENT (check one)	ADDITIONAL 5550	
The Commissioner is hereby authorized to:	ADDITIONAL FEES Fee Description Fee Paid	
[] Charge indicated fees	Surcharge-late filing fee or oath 130	
[X] Charge additional fees	Application Size Fee	
[X] Credit overpayments	Extension for response within (X) month	
to the account of DANN, DORFMAN, HERRELL & SKILLMAN	Notice of Appeal	
Deposit Account Number 04-1406	Filing a brief in support of an appeal	
	Request for oral hearing	
Payment enclosed:	Petition to revive unavoidably abandoned application	
Check in the amount of \$130	Petition to revive unintentionally abandoned application	
	Issue Fee	
FEE CALCULATION	Petitions to the Commissioner Petitions related to provisional applications	
BASIC FILING, SEARCH AND EXAM. FEES Filing Search Exam	Submission of Information Disclosure Stmt.	
Utility 0	Recording each patent assignment per property	
Design 0	Other fee (specify) Advance Order (10 copies)	
Plant		
Reissue	SUBTOTAL (3)\$130	
	-	
SUBTOTAL (1)\$0		
2. Claims Fees		
# of Claims - Paid Extra Claims Fee/Claim Fee		
Total Claims = 50 \$0		
Indep Claims = 200 \$0		
Multiple Dependent Claim Fee		
SUBTOTAL (2) \$0		

Submitted By: Kathleen D. Rigaut, Ph.D.	Reg. Number 43,047	
Signature	Date <u>July 2, 2007</u>	Deposit Account User ID 04-1406